

**MONROE COUNTY HEALTH DEPARTMENT
APPLICATION FOR LEVEL II FOOD WORKER RECERTIFICATION**

PLEASE PRINT

Last Name

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First Name, Middle Initial

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Number and Street Address, Apartment #

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City, State & Zip Code

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Daytime Telephone Number (Please include Area Code)

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Place of Food Service Employment _____

Position Held _____

Monroe County Food Certification Number _____ and Expiration Date _____

THE RECERTIFICATION COURSE LENGTH IS APPROXIMATELY TWO HOURS. FOR CLASS SCHEDULE OR ANY ADDITIONAL INFORMATION, PLEASE CALL 753-5869.

THE RECERTIFICATION FEE IS **\$50.00** PAYABLE BY CASH (EXACT AMOUNT), CHECK OR MONEY ORDER. PLEASE MAKE CHECK PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT.**

APPLICANT'S SIGNATURE _____ DATE _____

If applying by mail, send completed form and check to: **Monroe County Health Department
Food Certification, Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, NY 14692**